JAN 2 3 2002 S.D. SEC. OF STATE

State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee South Dakotans for Quality Cable Television
Complete Mailing Address P.O. Box 356, Pierre, SD 57501-0356 Daytime
Name of Person Making Report Jerry Steever Phone 605-342-1870
If you are a candidate, what office are you seeking NA
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
NA
Type of Report (See pages 4 & 5 of Guideline Book)yearend
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/31/01
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I
that I have examined this report and to the best of my knowledge and
belief it is true, correct and complete.
Date: Jan. 3/, 2003 Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001 Filed this 23nd day of
Janay 2002

SECRETARY OF STATE

Name of Candidate or C	Committee South Dakot	ans for Quality Cabl	e Television
For the reporting peri	lod ending 12/31/01	1,000,000	
	Schedule A - Direct C	ontributions	
This schedule is used for rep but for this report you may compolitical parties and enter these the next page. Any contribution or political party and all contribute amount, name, address and contributor has their own section space, or you may attach additionally and the contribution of	sums as unitemized contribution of more than \$100 or aggregations from PAC's must be en place of employment (if applicant for itemization. This schedule on all sheets of paper.	or less from individuals and tons on their respective lines be ate during a calendar year from tered as a separate item (item able) of the contributor. Eac le may be duplicated if you need to the contributor.	he same from clow and on m an individual ized) giving h type of
Itemized Contributions			7 27330.00
	Residence Address	Place of Employment (Name of Employer)	
Name	Kendence wadien	(Name of Employer)	\$ 400.00
Tony Gauer	Box 305, Ipswich, SI 57454	TSB, Inc.	\$
			\$
-			\$
			\$
			\$
	,		\$
			\$
			\$
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			\$
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			\$
			\$
Total of Itemized Con	tributions from Indiv	iduals:	*\$ 400.00

-	South Dakotans for Quality Ca	inte letevision
or the reporting period ending		
Schedule A - Dir	rect Contributions (continued)	
nitemized Contributions from Po	olitical Parties:	*\$ 0.00
emized Contributions from Poli	itical Parties	
Party Name	Address	1
		\$
		\$
tal of Itemized Contributions	from Political Parties:	
emized Contributions from Poli (All contributions from P PAC Name		1
		\$ \$
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Name of Candidate or Committee Sout	h Dakotans for Quality	y Cable Television			
For the reporting period ending 12	/31/01				
	Raising Events Procee	ds			
List on this schedule fund-raising events held to rais derived from each event. If a contributor gives mo aggregate being more than \$100 in the calendar year	re than \$100 or their contribution	on results in their			
Type of Event	Net Proceeds				
Auction	\$2,835.00				
	m.	otal: \$ 2,835.00			
	16	======================================			
Schedule C - I	n Kind Contributions				
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.					
Report all non-cash contributions of goods or service exceeds \$100, the name of the contributor, residence	ces and the estimated fair marke ce address and place of employr	et value. If the value ment must be reported.			
Report all non-cash contributions of goods or service exceeds \$100, the name of the contributor, residence Nature of Non-Cash Contribution	ces and the estimated fair marke ce address and place of employr Estimated Value	nent must be reported.			
exceeds \$100, the name of the contributor, residence	ce address and place of employr	nent must be reported.			
exceeds \$100, the name of the contributor, residence	ce address and place of employr	nent must be reported.			
exceeds \$100, the name of the contributor, residence	ce address and place of employr	nent must be reported.			
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exceeds \$100, the name of the contributor, residence	ce address and place of employr	nent must be reported.			
exceeds \$100, the name of the contributor, residence	ce address and place of employr Estimated Value	nent must be reported. Name of Contributor			
exceeds \$100, the name of the contributor, residence	ce address and place of employr Estimated Value	nent must be reported.			
exceeds \$100, the name of the contributor, residence Nature of Non-Cash Contribution	ce address and place of employr Estimated Value	nent must be reported. Name of Contributor			
exceeds \$100, the name of the contributor, resident Nature of Non-Cash Contribution	Estimated Value To the Income	nent must be reported. Name of Contributor otal: \$ 0.00			
Nature of Non-Cash Contribution Schedule I Use this schedule to report any refunds, interest ea	Estimated Value To Other Income rned or other income which is not the state of the property	nent must be reported. Name of Contributor otal: \$ 0.00			
exceeds \$100, the name of the contributor, resident Nature of Non-Cash Contribution	Estimated Value To the Income	nent must be reported. Name of Contributor otal: \$ 0.00			

Total: \$ 350.18

For	the	repo	rting	per	iod	end:	ing_	12/	31/0	01					
						Scl	hedu	ıle E -	Exp	endit	ure	s			
provi	ided fo	or repo	rting co	mmor	expe	enses.	. All	ing to a control of the control of t	pense	es should	ampa d be	aign. Line listed. All	items hav contrib t	e been Itions to	
Ite	n		Am	ount			Cont	ributi	ons	Made	to	Candida	tes and	Committees	:
Adv	erti	sing	***			- ä	John	Thune	\$1,	,000.0	00				
		ing													
Post	tage					-									
Pri	nting	g	<u></u>			-									
Ren	t					-									
Sala	arie	s				-									
Tel	epho	ne				-									
Tra	vel					-									
Uti:	liti	es				_									
Oth	er E	xpens	es:												
0ve	rdra	ft pi	cotect	tion	\$10	.00									

Name of Candidate or Committee South Dakotans for Quality Cable Television

Total Expenditures: \$1,010.00

Name o	f Candidate	or Committee
For the	e reporting	period ending
		Schedule F - Debts and Obligations
This sche reporting	edule is to report period. If a ser	Il of the candidate's campaign obligations which are unpaid at the end of the ice has been contracted but not billed, estimate the amount of the obligation.

Purpose

Owed To

Total Obligations: \$ -0-

Amount

Name	e of Candidate or Committee South Da	kotans for Quality Cab	le Television				
For	the reporting period ending 12/31/	' 01					
	Summary Page						
This Pleas	This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.						
1.	Amount on hand, if any, at beginning	g of reporting period	\$ 23,353.39				
2.	Receipts						
	Schedule A - Direct Contributions	\$ <u>2,950.00</u>					
	Schedule B - Fund-Raising Events	\$ 2,835.00					
	Schedule C - In Kind Contributions	\$0.00					
	Schedule D - Other Income	\$ 350.18					
	Total of all receipts	\$ 29,488.57					
з.	Total Monetary Receipts (A+B+D)		\$ <u>6135.18</u>				
4.	. Candidate's Personal Contribution to Own Campaign						
5.	Monetary Loans to Candidate or Committee During Reporting Period \$						
6.	. Monetary Loans Repaid During Reporting Period \$						
7.	. Expenditures - Schedule E \$\frac{1010.00}{}						
8.	Unpaid Obligations - Schedule F	\$					

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)

\$ 28478.57

9.